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**Early Conceptions of Mental Disorders**

- **Psychopathology** – The study of mental disorders, or a term for the mental disorder itself
- **Somatogenic Hypothesis** – The hypothesis that mental disorders result from organic (bodily) causes
- General paresis is a disorder characterized by a broad decline in physical and psychological functions from grandiose delusions or profound hypochondriacal depression
  - Consequence of infection with syphilis
  - Helped to bring somatogenic hypothesis to forefront
    - Still can’t explain all mental disorders
- **Psychogenic Hypothesis** – The hypothesis that mental disorders result from psychological causes
- **Learning Models** – The hypothesis that mental disorders result from some form of faulty learning

**Modern Conceptions of Mental Disorders**

- **Diathesis-Stress Model** – A conception of psychopathology that distinguishes factors that create a risk of illness (diathesis) from the factors that turn the risk into a problem (the stress)
  - Disorder only emerges if both are present (e.g., depression with biological and situational causes)
- **Multicausal Model** – A conception of how mental disorders arise that emphasizes the roles played by many different factors
- **Biopsychosocial Perspective** – A perspective on psychopathology that emphasizes the biological, psychological, and social factors that contribute to mental illness

**Defining Mental Disorders**

- **Diagnostic and Statistical Manual for Mental Disorders (DSM)** – The manual that provides specific guidance on how to diagnose each of the nearly 200 psychological disorders
- **Point Prevalence** – How many people in a given population have a given disorder at a particular time
- **Lifetime Prevalence** – How many people in a certain population will have the disorder at any point in their lives
  - 46% of the population will experience at least one mental disorder
  - 28% will experience more than one

**Assessing Mental Disorders**

- **Assessment** – The set of procedures for gathering information about an individual’s psychological state, sometimes leading to a diagnosis
- **Semistructured interview** – An interview in which questions are posed in a standardized yet flexible way
- **Symptoms** – What the patient reports about the physical or mental condition
- **Signs** – What the clinician observes about a patient’s physical or mental condition
- **The Minnesota Multiphasic Personality Inventory-2 (MMPI-2)** is a self-report measure
- **Thematic Apperception Test (TAT)** requires a participant to make up a story to describe a picture
- **Rorschach Inkblot Test** has the patient describe what he sees in an inkblot

**Making Diagnoses Using the DSM**

- Diagnosis takes two forms: One is through the International Classification of Diseases (ICD-10), and the other is the DSM
- A clinician uses the DSM to investigate five axes
  - Axis I describes clinical syndromes (e.g., depression)
  - Axis II describes broad sets of difficulties (e.g., retardation)
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- Axis III describes general medical conditions that may contribute to a person's psychological functioning (e.g.: constant pain)
- Axis IV describes social or environmental problems (e.g.: legal issues)
- Axis V describes global assessment of functioning (how well the person is coping)

- Some disorders are only recognized in certain cultures
  - Dhat – Indian disease about severe anxiety and discharge of semen
  - Shenjing Shauiro – Chinese disease about fatigue, dizziness, and headaches
  - Ghost Sickness – Native American disease for powerful preoccupation among death

**Phobias**

- **Anxiety Disorders** – A group of disorders distinguished by feelings of intense distress and worry, and in many cases, disruptive and unsuccessful attempts to deal with these feelings
- **Phobia** – An anxiety disorder characterized by an intense and, at least on the surface, irrational fear
- **Specific Phobias** – Any of the disorders characterized by extreme and irrational fear of a particular object or situation
- The blood-injection-injury phobia is different in that it is from disgust and not fear
  - Most phobias cause the sympathetic branch to react but this one relaxes the body (fainting even)

**Panic Disorders and Agoraphobia**

- **Panic Disorder** – An anxiety disorder characterized by repeated or disabling panic attacks
- **Panic Attack** – A sudden episode of terrifying symptoms such as labored breathing, choking, dizziness, tingling hands and feet, sweating, trembling, heart palpitations, and chest pain
- **Agoraphobia** – A fear of being in situations in which help might not be available or escape might be difficult or embarrassing
- **Generalized Anxiety Disorder (GAD)** – A disorder characterized by pervasive, free-floating anxiety
- **Obsessive-Compulsive Disorder (OCD)** – A disorder whose symptoms are obsessions and compulsions, which seem to serve as defenses against anxiety
- **Obsessions** – Recurrent unwanted or disturbing thoughts
- **Compulsions** – Repetitive or ritualistic acts that serve in some way to deal with the obsessions

**Stress Disorders**

- Dissociation is the numbness towards a traumatic event shortly after it
- **Acute Stress Disorder** – A reaction sometimes observed in individuals who have experienced a trauma, characterized by flashbacks and recurrent nightmares
- **Post-Traumatic Stress Disorder (PTSD)** – A chronic, sometimes lifelong disorder that may follow a traumatic experience with symptoms such as dissociation, recurrent nightmares, flashbacks, and sleep disturbances
  - Divided into re-experiencing symptoms, arousal symptoms, and avoidance symptoms
  - Survivor guilt is another major symptom

**Roots of the Anxiety Disorders**

- **Comorbidity** – The tendency for different mental disorders to occur together in the same person
- **Concordance Rate** – The probability that a person with a particular familial relationship to a patient has the same disorder as the patient
- Those with phobias have higher than normal activity in the amygdala
- Those with PTSD have less activity in the prefrontal regions of the brain with emotional regulation
- Panic disorder patients have instability in the autonomic nervous system
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- OCD can have over activity in the orbitofrontal cortex, caudate nucleus, and the anterior cingulate
- Pavlovian conditioning is usually associated with phobias
  - Genetics can also influence phobias
  - Vicarious conditioning (viewing others) also plays a role

Mood Disorders

- Mood Disorders – A group of disorders distinguished primarily by changes in positive and negative affective state
- Depression – A mood disorder characterized by disabling sadness, hopelessness, and apathy
- Bipolar Disorder – A mood disorder in which the patient swings between emotional extremes with manic and depressive episodes
- Mixed States – A pattern sometimes observed with bipolar disorder in which the person displays a combination of manic and depressive symptoms
- Hypomania – A mild manic state in which the individual seems infectiously merry extremely talkative, charming, and tireless
- Mania – A state characterized by racing thoughts, pressured speech, irritability or euphoria, and impaired judgment
  - Nearly 60% of people with bipolar disorder abuse substances

The Roots of Mood Disorders

- There are different genetic roots for depression and bipolar disorder
- Disorders with neurotransmitters seem to cause mood disorders
- Norepinephrine, dopamine, and serotonin are the three major neurotransmitters to help mood disorders
- Severe depression is associated with heightened brain activity in a limbic system region known as the subgenial cingulate cortex
- Negative Cognitive Schema – According to Aaron Beck, the core cognitive component of depression, consisting of an individual’s automatic negative interpretations concerning himself, his future, and the world
- Explanatory Style – A person’s characteristic way of explaining his experiences. Consistently attributing bad experiences to internal, global, and stable causes may increase vulnerability to depression

Schizophrenia

- Schizophrenia – A group of severe mental disorders characterized by at least some of the following: marked disturbance of thought, withdrawal, inappropriate or flat emotions, delusions, and hallucinations
- Prognosis – The forecast of how a situation will improve or fail to improve in the future
- Psychosis – Loss of contact with reality from delusions or hallucinations
- Positive symptoms are ones not evident in healthy people
- Negative symptoms reflect an absence of behaviors usually found in healthy people
- Cognitive symptoms reflect impairments in executive functions such as working memory and attentional control
- Delusions – Systematized false beliefs, often of grandeur or persecution
  - Delusions of reference – The patient is convinced that some neutral environmental event is somehow directed at him/her
- Hallucinations – Perceived experiences that occur in the absence of actual sensory stimulation
  - Increased activity in primary auditory regions in temporal lobe
- Disorganized behavior is also a positive symptom
- Schizophrenics may express little emotion or even catatonic behavior (standing or sitting frozen)
- Anhedonia – Loss of interest in activities that we would ordinarily expect to be pleasurable
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- They have withdrawal from other people
- Have trouble keeping a coherent train of thought
- Two-point discrimination problems occur – not being able to distinguish between 1 and 2 points touching the skin
- Have trouble with simple line drawing

**Roots of Schizophrenia**

- Mothers who get the flu during the second trimester of pregnancy have higher percentages of having children with schizophrenia
  - Because of this, more schizophrenics are born in winter
- Maternal malnutrition may cause schizophrenia
- Diminished oxygen supply to the baby may cause brain problems that lead to schizophrenia
- Neurodevelopmental Disorder – A disorder that stems from early brain abnormalities
- **Dopamine Hypothesis** – Asserts that the brains of people with schizophrenia are oversensitive to dopamine
- **Classical Antipsychotics – Drugs (such as Thorazine and Haldol) that block dopamine receptors**
- Doctors now believe that some brain areas might have too much and some too little amounts of dopamine
- Some people have dysfunction in glutamate transmission from insufficient amounts or because they are mostly insensitive to it
- Multiple genes and multiple neurotransmitters seem to cause schizophrenia
- Ventricles become enlarged because there is not enough brain to fill the skull
- Loss of gray matter in the prefrontal regions that support working memory
- Low socioeconomic status (SES) can trigger schizophrenia
- Downward drift – People with schizophrenia get put into an even lower SES due to their disease

**Developmental Disorders**

- **Autism** – A disorder usually diagnosed in young children, and characterized by a wide range of developmental problems including language and motor problems
  - Not as interactive
  - Show little empathy
  - Deficits in language
  - Peculiar repetitive patterns
  - Sometimes mentally retarded but may have preserved islands of skill
  - One hypothesis states that there is a problem with the amygdala
  - Another hypothesis regards the brain structure that helps the child learn about and understand others’ thoughts and intentions
- **Attention-Deficit/Hyperactivity Disorder (ADHD)** – A disorder usually diagnosed in young children, and characterized by impulsivity, difficulty staying focused on a task, and a range of behavioral problems
  - Have difficulty keeping attention
  - Potentially caused by a deficiency in prefrontal brain circuits that protect us from distraction
  - Stimulants with methylphenidate (Ritalin and Concerta) are used
    - Enhances the released of dopamine and norepinephrine that activates circuits that guard against impulses
- **Anorexia Nervosa** – An eating disorder characterized by an extreme concern with being overweight and by compulsive dieting, sometimes to the point of self-starvation
  - Genuinely believe they are fat when they are not
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- **Bulimia Nervosa** – An eating disorder characterized by repeated binge-and-purge bouts
  - Often have normal weight
  - **Bing eating** – Eating a large amount of food within a brief period
  - **Compensatory Behavior** – Actions taken to ensure that binge eating does not translate into weight gain

**Dissociative Disorders**

- Dissociation – Various ways people try to distance themselves from ongoing events psychologically
- **Dissociative Amnesia** – The inability of an individual to remember some period of her life, or even her entire past, including her identity; often understood as a way of coping with extremely painful events
- **Dissociative Fugue** – A state in which someone leaves home, then, days or months later, suddenly realizes he is in a strange place and doesn’t know how he got there; often understood as a means of coping with extremely painful events
- **Dissociative Identity Disorders (DID)** – A disorder that results in a person developing two or more distinct personalities
  - Number of distinct personalities has increased over time as well as the amount of people with DID
- **Dissociative Experiences Scale** – Used to ask people directly how often they have experiences various perceptions or behaviors characteristic of dissociation
- Hypnosis can be used as guided dissociation
- Children may have learned to cope by self-hypnosis, and this carried over to everyday life

**Personality Disorders**

- **Personality Disorders** – Relatively stable, pervasive patterns of behavior and inner experience that are culturally discrepant and lead to distress or impairment (Axis II)
- There are 10 personality disorders
  - 1) **Paranoid personality disorder** (widespread suspiciousness and mistrust)
  - 2) **Schizoid personality disorder** (striking detachment from others)
  - 3) **Schizotypal personality disorder** (discomfort with close relationships, cognitive or perceptual distortions, and odd behavior)
  - 4) **Antisocial personality disorder** (consistent disregard for- and violation of- others’ rights)
  - 5) **Borderline personality disorder** (can’t be alone; impulsive behavior and marked instability in relationships, self-concept, and affect)
  - 6) **Histrionic personality disorder** (unusual degree of attention seeking and emotionality)
  - 7) **Narcissistic personality disorder** (person is grandiose, lacks empathy, and needs the attention and admiration of others)
  - 8) **Avoidant personality disorder** (shows social inhibition and insecurity)
  - 9) **Dependent personality disorder** (excessive need to be taken care of by others)
  - 10) **Obsessive-compulsive personality disorder** (preoccupied with orderliness, perfection, and control)
- The diagnoses are vague, and the patients typically have multiple areas of personality disorders

** Syndromes without Stigma**

- **Subsyndromal case** – People who show symptoms, but not at the level that would justify a formal diagnosis